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CONFIRMATION NO. 2949

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/757,115   | <b>FILING OR 371(c) DATE</b><br>01/14/2004<br><b>RULE</b>   | <b>CLASS</b><br>327           | <b>GROUP ART UNIT</b><br>2816   | <b>ATTORNEY DOCKET NO.</b><br>24317/82951 |                                |
| <b>APPLICANTS</b><br>Steven O. Smith, Brownfield, ME;<br>Dale S. Wedel, Loveland, CO;<br><b>** CONTINUING DATA *****</b> <i>None</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>None</i>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/19/2004</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <i>allowance</i><br>Acknowledged <i>Examiner's Signature</i> <i>Initials</i> |   | <b>STATE OR COUNTRY</b><br>ME | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>20                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>37803  |   |                               |   |   |                                |
| <b>TITLE</b><br>High-precision buffer circuit  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1520   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |